

Certificate of Facts Relative to Judgement

(Sec., 17-202, Maryland Transportation Article, Vehicle Laws)

Note: No action will be taken unless: (1) this judgement is a result of Motor Vehicle accident damages, (2) this form is completed in its entirety (including full name of the defendant(s), date of birth and/or driver's license number), (3) a certified copy of the judgement is attached, and (4) the judgement appeal period has expired.			
This is to certify that on	judgement was entered, from which no appeal has been taken,		
in the	Court of		
Against:			
Full Name:First	Middle	Last	_Date of Birth:
Address:			
Driver's License Number:			
Reciprocity			
States to Notify:			
In Favor of:			
Name of Plaintiff(s):			
Address of Plaintiff(s):			
Date of motor vehicle accident:		_ Court case nun	nber:
Signature:			Date:
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Name of Plaintiff's Attorney:			
Name of Plaintiff's Attorney:			
Name of Plaintiff's Attorney: Address of Plaintiff's Attorney: Telephone Number of Plaintiff's Attorney:			
Name of Plaintiff's Attorney:			

